

1 Doctor Terry M. Buxton

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My name is Ellen Kiever and I am here with Dr. Buxton. I am conducting the interview with you today and today is December 16, 2005. We are in the Regional History Center, and we are so pleased to have you here.

Ellen: We would like you to start off and tell us where you were born and tell us a little bit about your parents and where they were from and that type of thing.

Dr. Buxton: I would be happy to do that. I would like to first tell you that this is my 50th Wedding Anniversary Day, so it is nice to be able to come and talk to you on that day so I can have a special occasion other than that. My name is Terry Mackley Buxton. I am the son of Darrell Carson Buxton and Mary Ellen Mackley who resided in Driggs, Idaho at the time of my birth. I was delivered by my grandmother in a maternity home that she ran in Driggs, Idaho. She was a maternity nurse that was trained and she delivered me and most of my cousins and all but one of my family. My father was the son of John Alfred Buxton, who was killed when my dad was six years old, causing quite a difference in his life. He was killed on the 19th day of December in 1903, it caused quite a bit of problems, they were homesteading in the Teton Valley in the Driggs, Idaho area, in a little community called Clawson, and my grandmother was Alice Carson, then Buxton, took her six children and took my grandfather back to Logan, Utah, where their roots were. He was buried there. My father was raised in Cache Valley, being farmed out to different farmers, he learned to work hard and he was always appreciative of the fact that he could be a father to his sons. He only had four sons, no girls.

My mothers parents were homesteaders also in the Teton Valley area. My grandfathers name was Albert James Mackley, and my grandmothers maiden name was Elizabeth Braithwaite. It's an old English name. They had ten children and they had a tough life. My grandfather Mackley was a shoemaker and they lived about eight miles from town, he would walk in and out of town every day to do his work and make a living for that little family.

I was raised in a small community called Bates, which was really the name of a ward in the LDS Church, but initially there was a post office there. We went to church in a framed church about one-half mile from my home and in that country the snow would get on the average of 2.5 to 3 feet deep every winter, on severe winters it was worse. We had a lot of blizzards. Our corrals would be blown over and the cattle could walk right out on top of the snow banks. I went to school in a two room school with two teachers through the eighth grade. We lived about a quarter of a mile from the school and I would usually walk, but being a horse lover I would ride my horse. All the other kids rode horses from far greater distance and so my younger years were pretty meager and very rural in nature. I think that when I was young I had some earlier feeling that I would like to go into medicine. I think probably because of my Grandmother Buxton who

was the mid-wife, but having gone to the two room school I didn't feel that my back ground was good enough, that I would qualify and be smart enough to go to medical school, so I kind of put that in the back of my mind, but I never followed through until later. My high school years were at a small high school in Driggs, Idaho. We had a graduating class of sixty-five is all. And as is usual, in a small school you get an opportunity to participate in lots of things— plays, singing groups, and athletics.

Ellen: And you did all that?

Dr. Buxton: I did all that. I was a pretty versatile guy and I enjoyed lots of things in school.

Ellen: So you were able to live close enough to the high school that you were afforded the opportunity to participate?

Dr. Buxton: After the eighth grade and my graduation they build up the road going into this Bates Ward so that they could plow it a little easier so that we could get the bus in and out. But there was many a time that when we would have blizzards that they would have the roads kind of scraped with high banks and on those high banks the wind would drift over. One winter we had a severe blizzard, and being a fellow that wanted to play basketball, a neighbor friend of mine and I went on snow shoes to town to catch the bus, but after walking over there and taking quite a trip in deeper snow we found the bus was snowed into the valley and we couldn't leave. With that blizzard I think I stayed in town about five days before the storm was over.

Ellen: And you stayed with a friend?

Dr. Buxton: I had a cousin that lived in town. When we came home, we walked along the road that had been plowed out. We could reach up and grab the telephone wires from the plowing of the road. They couldn't plow the road going along the road so they would plow it back and forth to scoop the snow on both sides.

Ellen: You kind of drove in a tunnel?

Dr. Buxton: We drove in a tunnel. If we would have had another storm we would have not been able to dig our way out.

Dr. Buxton: My time in athletics, I played football. I played basketball. I played baseball. Something that was kind of interesting that I have to qualify was that I was given the outstanding athlete award in my high school graduating class, but I have to qualify that because the real two good athletes got kicked out of school for getting drunk before school was over before the basketball tournament and it made us be way down in the tournament standings, but anyway, I accepted it but always realizing that I wasn't the outstanding athlete. Academically, in high school I always did well enough to play basketball and participate in other sports, I maintained probably a little better than a B average. I was not a scholarly type person, I always figured that is was the sissies that got good grades and not the macho men that got good grades.

Ellen: It seems like that is the way it always is.

Dr. Buxton: It seems like kids want to excel more now days, some of them. A lot of the boys have to get really good grades.

Ellen: Can we back up just a minute? Tell me your birth date.

Dr. Buxton: I was born August 21, 1933. I think they wrapped me in a potato sack.

Ellen: Really!

Dr. Buxton: Well, not really, (laughs), our community was well know for raising Idaho seed potatoes. We grew the seed potatoes that were sold to the commercial potato growers in the lower countries of the Snake River valley, so that's why my comment.

Ellen: Okay!

Dr. Buxton: I had three brothers. I was the second, my older brother was born in 1930, three years older than me. He was accidently killed on a tractor when I was eleven, and he was fourteen. That made a big impact on my life because my brother was an outstanding fine young man, and he loved his younger brother. He taught me how to ride and he taught me how to fish. He was a good friend.

Ellen: A great big brother.

Dr. Buxton: A great big brother. He was a great man. His impact on my life was meant that I always wanted to do the things so that I could live with him someday. So, he had a positive influence on my life, even though I only knew him for a short period of time. My younger brothers were very fine young men that found a niche in life and have been successful. One sit on the family farm in (couldn't understand the word), the other one has an insurance business in Bountiful, and has done very well.

Ellen: So they're all here in the mid-west?

Dr. Buxton: Yeah they're all still in the west. They both married girls from the Teton Valley as I did. I married Diane Christensen on December 16, 1955, when I was twenty-two and she was twenty. I had just returned from a LDS mission in the New England area, which included the six New England states and the Maritime provinces of Canada. In all that mission time, I spent about a year in Halifax, Nova Scotia, Canada. I found out what real cold weather was. On the coast when it got cold and it was really humid. Boy, it was cold. I enjoyed my mission. I had a chance for leadership opportunities there and I think I had some experiences that help me find myself realistically in life. It was while I was serving as a missionary that I decided that I definitely wanted to go into medicine. My thinking was, if someone wants something badly enough and are willing to pay the price, they can make it. I had done well at Ricks College the two years before I went. It seemed that when I got into college academically I wanted to do well and I had excellent grades at Ricks College. My wife waited for me during the time I was in the mission field. I wrote her after I had made this decision which was about a year after I had been out. I called [from] the mission field and ask her if she would support me in this effort and she

said she would. And so we, kind of by correspondence, talked about it a little bit and then we were married just one month after I got home so that we could jump into school and not waste any time in getting an education. And bless her heart, she stood by my side ever since. She has been a tremendous wife and companion and helped me all the way and I appreciate her very much. Together we've had four children. My oldest daughter is named Julie. She was born in 1956. My second son was name James Chris. He was born in Washington DC in 1960 on the 24th of July. I told my wife I wanted to call him Brigham and she didn't want to do that. Of course I was really joking. My third son was born while I was an intern at the L.S. Hospital, November 1962. My fourth child, a girl was born August 17, 1971 in Roosevelt, Utah. I had delivered my third child with another doctor being there but with my fourth child it was all my responsibility. I was pleased for my wife to tell me it was the best delivery she had ever had. Maybe the previous practice had helped her. All of our children have been raised in Roosevelt and gone on to school. Three of them still live in the area and I have one son in Las Vegas, Nevada currently, who is an engineer. I have 12 grandchildren, I would have to stop and count out boys and girls, they are a wonderful experience in your life. You wish you had been as wise when you had your own children as you are when your grandchildren come along because it seems like you know how to handle them better, have more patience and have more time. You have more time to devote to them. You are not scratching so hard to make a go of it.

Ellen: Let's slip back to your childhood and talk about what kind of chores you did? I am sure that you worked in the potatoes that your father raised.

Dr. Buxton: We were on a pretty diversified farm. It was initially 160 acres. I remember when my dad brought home our mortgage, I assume it was the mortgage, in 1940 when I was only six years old. All I remember is him coming home from being in town and him telling mom, "It's ours now," and I remember the joy they had of realizing they had worked hard and paid off the ranch. Later my father bought a dry farm one-fourth of a mile from our place, another 160 acres, this was during World War II and then later we bought another 160 acres of pasture land so we had a pretty good size operation. My responsibility was to help milk the cows and feed the animals, the chickens, pigs, and of course the cows and horses. I learned to milk a cow when I was about five and one-half years old. The old fashioned way by just squeezing them.

Ellen: You had seed potatoes so did you take the fall off from school for the potato farm?

Dr. Buxton: Our crops included alfalfa, which we fed our animals. We usually didn't sell hay. Grains, different kinds that we would feed to our animals, that was a cash crop for us. We would sell that in the fall. Then we raised potatoes, we would certify the potatoes by rouging the diseased potatoes out of them. We would walk up and down the rows, my father and his sons as we grew old enough, and we knew what kind of potatoes to look for that were diseased. We would pull those potatoes out and so they would not be in storage. The reason we did that is because the diseased potatoes we removed were the kind that broke down in storage. They would cause a lot of rot in your potatoes, but more so, the ones that didn't break down and lived through the winter, became seed for the next year for the commercial growers would cause more of a problem for them and lots of rot in their big storage areas of potatoes so they wanted clean seed so they didn't have so much rot develop in their big cellars. My father was a progressive man, even though he was not an educated man. He was the first man in our basin, Teton basin, to

raise certified Idaho seed potatoes. He became kind of a leader in that. What is interesting is that my brother became interested in that and developed one step further to where he took potatoes to California and through tissue culture, raised them so they were absolutely clean, there was no disease. What he finally did was he sold the extremely free potatoes from his second year seed plot to other certified seed growers so that they would have very little problem with disease in their potatoes. It was a step forward, but the problem with the potato industry is that since the trade agreements, they raise more potatoes in Canada than they do in the United States, I believe. It kind of killed it, it has just killed a lot of the potato industry and my brother has quit raising the seed potatoes. We had a cattle crop as well, we usually had twenty to thirty head of cattle, and always had a pony horse that we could ride, each of us boys, or we rode the work horses. My dad would put hay in the summer with a derrick and a bull rake or with a derrick and nets. We would stack the hay by putting the hay on some nets and then lifting them up on the derrick and swinging it around and pulling the trip on the nets and the hay would fall on to the stack. There was always one person up on the stack that stacked the hay and either a boy or a girl that was big enough to ride a horse would pull the hay up to the stack. There was always someone on the ground that was running the bull rake, or before the day of the bull rake they would pitch it on what they called hay slips. They would bring it in and the hay slips had a rectangle basket like thing and the nets would hook up on the post on one side and on another and then you would throw the hay on the nets and hook the pulleys on the nets and pull them up on the hay stack. When they brought them up on the bull rake they would bring it in and set it on the nets at the stack. I saw it all from the horse time day, till now. We were busy all year long. In the winter we still had the animals to feed. I would get up around 6 a.m. to milk the cows and do a little feeding and get things squared around, then leave for school and then come home. We would have just a little bit of time that was ours between getting home and getting the evening chores done. It was a time that I kind of relished as I got a little older and more mature and was able to shoot a gun. I would get on my skis, or a pair of snow shoes as soon as I got home and there was a certain area that I would walk up around in the back pasture and down along some ditch banks and would hunt the big white hare in the winter and shoot them. That was quite a treat. Once in a while we would have a little bunny come by that was good to eat. We didn't eat the big white hare.

Ellen: Did you get money for them? Did you turn in their pelts?

Dr. Buxton: We could sell the hides but it wasn't much money. It was just more of a sport, thinking that you were quite a Nimrod to hunt the rabbits. What was interesting is that the rabbits would see you as you came by and they would run out there and stop and sit up for you to shoot them. You rarely missed them. I became a pretty good shot in those days.

Ellen: Did you still hunt after you got married?

Dr. Buxton: Yeah! . I love to hunt, and continued to hunt even during my professional time, until more recently. It seems to be more work now than what I care to do. But I still have interest in it. An interesting thing about our school was that a lot of the kids would ski behind a horse. There might be a couple of kids on the horse, and they would tie a rope on the tail. They would call it a bob-tail knot, and the kid would ride and the horse would pull the other one on the rope down the road. They were always sleigh roads made just by team and sleigh and at noon we would make a

jump, a ski jump, and we would have a contest to see who could jump the farthest behind the horse. The horse would run past the ski jump and we would be to the side and go over the jump to see who could jump the farthest. It was a competitive fun thing. One year I got a pair of ASH Skis, they were a light ski and a nice ski. I made a record jump and when I made that record jump I came down and landed with a flat and it split my skis. I remember how bad I felt about that. We always had a little competition going on. Another interesting thing about my early life was that when there was a movie in town, that was something, especially young boys, would like to go see maybe a western movie or a movie about horses or something, maybe about Cowboys and Indians. As soon as we got our milking done, we would try to milk early, we jumped on our horses and rode to town which was seven and one-half miles from my home. We would ride over, tie our horses up, watch the movie and then ride back home. The guys that rode the horses without the saddle would keep warm because they were next to the horse, but the guys who had the saddles got a little more chilly. In the summer we didn't have a Boy Scout Troop, we were an adventurous type, and we would ride our horses up into the mountains and camp, just us bunch of boys. We would camp, fish, and hunt later. We had a lot of fun doing that, more than one winter. When I was probably in my early teens, maybe twelve or so, the younger boys of the ward made some little sleighs out of 2 x 4s and beveled off the runners on the front and we would pull them either on our skis or snow shoes up the canyon, which was behind my house. We would sleep on the snow. It was always a cold night and one of my buddies and I found out if we took the big double sleeping bag and slept together we were a lot warmer than if we slept alone. We would make our own little sleighs cause you could make them a little wider and so they would fit your pack.

Ellen: We covered some of you mission and child hood. You went to school back east? Is that why you were in Washington D.C.?

Dr. Buxton: When I got home, well I went to Ricks College two years after high school, then after we were married we came back from the University of Utah. It was there that I confirmed that probably I had the ability to become a doctor. I surprised myself. I was on the honor roll at the University of Utah. After we were married, we went winter, spring quarters and then I decided I would go summer quarter and just go the next year and make it a little shorter so that summer after having been away from the farm, the horses, the mountains, and the fishing stream I really got discouraged and I really wondered if I wanted to go into medicine. I knew it was going to take a lot of hard work. What kind of helped me change my mind was I got a greetings from Uncle Sam, and at this time my wife was pregnant, and so I checked out of school a little early and took a final exam. I dropped one class and took a couple of final exams early and went back to Riggs, Idaho to find out that my enterprising mother had told the draft board that I was going to be a father and I was in pre-medical training in college and they gave me a school deferment. I guess they gave me some kind of consideration because I was going to be a father. I never did serve in the armed forces. The following year, 1956-57 year, I went to Utah State, I went back into Agronomy, thinking that I would like to go into something to do with agriculture. It was during that quarter that I found that my interests were not in agriculture, even though I liked it, I couldn't see the future that I wanted there and I decided to go back into pre-med. I was actually the top student in two classes during that quarter, which were agricultural classes and the only pre-med class that I had was Organic Chemistry and I ended up with a B+ in that class. I went on and finished pre-med there, and switched back to the University of Utah, and while

there, applied to medical school and was accepted to George Washington University in Washington D.C. a place that I understood would give a broad education and get a lot of clinical experience because of the charity hospital that was there and so that's where I ended up going. I received a BS degree, Bachelor of Science degree, at the University of Utah the year after my freshman year in medical school. It was called a degree in (absentia) and it was a degree in Medical Biology. So it was a BS Degree. While I was going to go to Washington University, I became interested in cardiology. We were having a bit of a financial struggle getting through Medical School and my wife had gone to work. She worked for a defense company called (Booze Allen) and she got a chance to work in the Pentagon. She worked in the Pentagon for a secretary and because of her skills she was given a good rating right off, which gave her a good salary. But then she had an opportunity to work for Senator Church from Idaho. She worked for him the last two years. It was while she was working there that I found out about a patronage job that I might could work at for the last two years at the Senator office Building running an elevator from 5:30 at night until 11:00 at night and make good money, and I took that. But we were still a little short on our tuition and stuff so, I applied for a research grant that had to do with fetal electrocardiography, which was just an evolving study at that time. I was granted this and so on weekends, holidays, and through the summer between my junior and senior year, I worked on this paper with a professor of cardiology at George Washington University. We together, but mainly through my work and her direction, developed a system of taking fetal heart rate beats before birth that would tell whether it was vital fetus inside the womb from the beginning as early as about sixteen weeks, which in four months of gestation to term. We had to, there's an electrical impulse which comes from the muscle of the abdominal wall and also the uterus. And we had figure out a way to filter out that electrical impulse so that we could get the minute electrical impulse of the fetal heart tone, which was of a different frequency. And once we did that we were able to show some mighty nice little fetal cardiograms. While I was working on this, the professor of obstetrics, knew that we were doing it, we didn't get much help out of the department of obstetrics until this professor had a lady come in that was about five months pregnant or five and a-half months pregnant, but she had the size of a lady, growth size of a lady that was seven months or greater. And he was wondering about twins, and twins was a big problem in those days because of it was one of the biggest cause of premature births. So he called me one day, and asked me to come down, it was a Saturday, and do a fetal electrocardiogram on one of his patients. He saw all the fancy ladies in town because he was a well-known obstetrician in town and was nationally and internationally known. I went down and I showed him the best -----probably that we ever got of twins, and I became his fair haired boy right then. It ended up that he had such interest in it that he present my our data at the American Medical Association, Department of OBGYN after I graduated from medical school, which was a real honor to me. Just following through on this, after I entered practice, that was in, I presented that paper in June of 1962, before I started my internship. In August of 1963, this was published in the Journal of the American Medical Association. They sent me all the reprints to send out to people who requested them. I had either phone calls or letters from people all over the United States, South America, Europe and Japan, come to me wanting reprints of that article. And one of the reasons was, it was such a simple way to do it. We could have the Sanbourne Company that made a unit that would take the brain wave test, which were very minute electrical waves, modify it, so that they would pick up the waves that we could get from the fetus and then we could record them. That machine modified cost a \$125. And you could put that in series with an electrocardiogram machine and you could take fetal electrocardiograms anywhere in the

world with just that simple device. Well it never became a popular thing, but not long after that, regular fetal electrocardiograms using the computer came out and so it never really developed.

Side two:

I guess that experience was probably the highlight of my medical education. I graduated in early June of 1962 from George Washington University. I interned at the L.S. Hospital in Salt Lake City. I took the general rotating internship which would give me a broad base for entering a general practice situation which is what I really wanted to do. But I had leanings to surgery. I really felt that my native skills were in surgery. While I was a senior student, I'd been elected by those in charge back there to do an internship, which was the opportunity to serve in the capacity of an intern while I was just a senior student. I had six weeks of excellent surgical experience then. Then when I got to the L.S. Hospital, I found myself always leaning to learn something surgically or something I could do with my hands. I went to the plastic surgery residence, and said, 'Hey, when you get a bad accident in, in the middle of the night, please call me. I want to learn some plastic surgery skills.' It was during that time that I learned how to take care of wombs and do a lot of plastic repair. It gave me a lot of satisfaction in my practice, and I think the result of the quality of care that I did at that time rubbed off in this community. I think womb care was upgraded as a result of that. That's only my assumption, but it seemed to be. It changed after I got here and started to doing a little more refined work. I also would call the Orthopedist and say hey, when you got a simple fracture that I can handle in a general practice situation, I don't care if it was day or night, get me out of bed, and I'll come and help you with that because I know I'm going to be out in the toolies. I'm going to have to have some experience. The most interesting one came when I was on the OBGYN Service delivering babies. I'd had a tremendous experience at George Washington University, where you spent three weeks on the Obstetrical Service. During that time I delivered about sixteen babies, which as a senior student, was a great experience. As a matter of fact, my first set of twins were delivered quite by chance and unknowingly when I walked by the line of ladies waiting to be checked in for obstetrical care that were in early labor. It was the policy at that time, if a lady was in labor, and she came in and sat in line and was checked in, then they would put her in a labor bed. Actually they would have them shower and then they'd put them in a labor bed, because some of these people didn't have the best of care. As I walked by this line, I was in my white uniform that we wore then as med students. This Negro woman who was probably forty-ish in that area, says, 'Docta, Docta, I's a havin a baby.' I said are you sure. She just grabbed my hand and put it between her legs and there was a head. And so I just said, 'Put your arm around my shoulder,' and I put my arm under her knees, and she weighed about two hundred pounds, but I still got her to a desk in the next room, laid her on the desk and delivered a twin. It was a small baby. Then she says, 'Dicta, Dicta, I's a going' to have another one,' I didn't even question that one. Because by this time the nurses had come and was helping with the first one, and I delivered the second one. But that was quite an experience. (laughs). But it introduced me to twins. Anyway, when I was at the L.S. Hospital, the fellow that interviewed me to be excepted at George Washington University was an Obstetrician, and a good one. He was a practical man. Matter of fact, he'd tried to discourage me into going into medicine, simply to see if I really had enough interest to maybe make it through. But anyway, we were friends, and he respected me and I respected him. I went to him, and he was the head of the department and I said, 'Homer, his name was Homer Emsworth'. I said, 'Homer, I've got to have some experience

doing some cesarian sections. I'm going to be taking care of pregnant women in Roosevelt, Utah, 150 miles away and can't get my c-sections to you." I said, 'Can you help me out.' He said, 'Yes sir, I can.' So the next time we were in on section, he told the resident, he says, move over, Dr. Buxton is doing this one. And I did several and got some experience under my hat, not only assisting, but of doing. That was a real blessing because I delivered a lot of babies.

Ellen: A lot of babies!! So when did you know you was coming to Roosevelt? Was that a decision you made or was that a decision....

Dr. Buxton: Well, that was a decision that had been made at the time that I did the surgery. I knew I was coming to Roosevelt, probably in March or April of 1963. A doctor named John E. Smith, a surgeon that had actually been in practice as a general practitioner in Duchenne, and had gone back into a surgical residency, was coming out and covering Dr. Vernon Larsen, a general practitioner, then living in Roosevelt. He would come out and cover his practice for a week-end to give him a little breather. He'd come out every week while he was building his surgical practice, he'd come out and do this. He brought me to help him sometimes, and leave me in charge while he had to go back one day or something. I looked all over Utah and Idaho, and I couldn't find a place. But I hadn't looked in the Basin. I found that the people in Roosevelt were friendly. A lot of younger people were in business and they needed a doctor very badly. So I came to Roosevelt several times with him, and decided I would come here and practice.

Ellen: And when you came, did you intend on staying? Or did you just say, I'll stay for ten years and see?

Dr. Buxton: I wasn't a hundred percent convinced that I didn't want to become a general surgeon. But I knew that I could test the water out here and find out where my interests were. My wife had talked it over, and we said, 'Let's go and we'll plan on staying for at least three years, and see what happens.' Well during the three years, the first three years that we were here, Dr. Smith continued to come out on Thursday every week. He would offer it with either me or Dr. Larsen, and we'd often assist each other. Some times I gave the anesthesia for their cases. For attending, I'd seen to it that I'd have experience with some anesthesia at the Primary Children's Hospital where I took an elective in anesthesia. But at that time, I'd also seen to it that I had an opportunity to again gain more experience surgically by asking the doctor that was doing the case, and most of them had known me because I had assisted them in the first rotation of my internship at the L.S. Hospital. They knew of me and knew of my capabilities. What I'd do is put the child asleep, and once I got the tube in place, I would scrub and help him, like maybe do a hernia repair, a repair on the testicle, an appendectomy, and even tonsils. That's where I really learned to do tonsillectomy's. He would usually do the first tonsil and then I'd do the second, and do the adenoid and stuff. I gained some confidence there. I still had interest in surgery, and with Dr. Smith coming into Roosevelt, and my feeling thatskills their, I just kept doing the things that I could do. Once I could do them, I would do the surgery, and he would do the assisting and supervising. So for three years I had excellent care. I would work at the patients, operate on them with him or by myself with him supervising, and then do the follow up care. What a special experience. In with that experience and my feeling of some gratification in being able to do some surgery, I decided to stay. But, I have to say that the most compelling thing for me to stay in Roosevelt was the wonderful people I learned to love their. The people of Roosevelt treated me well. I was a country boy. I accepted them as my equal and they accepted

me as their doctor. We had a great experience together. Another added experience was that there was always a young doctor at the Indian Health Clinic that I had an opportunity to teach and be associated with. Doctor James Allen from here was one of those. Like any doctor that came, I taught them all the skills that I had learned very willingly because I appreciated someone that had taken the time to do that for me. After I'd been here two years, the older doctor, Doctor Vernon Rudolph Larsen, had been telling us he had an ulcer that would not heal for better than a year. He finally went in and the surgeons, and the people at the Salt Lake Clinic operated on him, and found that he had cancer of the stomach that was very much (detastisized). He never really did enter practice again. That was in September of 1965. I knew this was going to impact my life. I knew that I was going to be left alone in Roosevelt eventually and I felt sorry for Dr. Larsen. I think then fifty-nine years old, and he had been a stalwart in the community, and he'd served locally in civic affairs and in church affairs. I accepted all of his OB patients and told them if they'd pay Dr. Larsen, I'd deliver them, and I delivered all of them. I don't know if they paid him, but I know I delivered them, and I hope they paid him. He eventually passed on in the fall of 1966. Well, it was December of 1966 is when he died. I was left alone there from late September, and for nine months took over his practice and my practice. I did the best I could for the community because I knew that you know, somebody had to step up. So I stepped up. I know that before long I could see I was dying any way a guy can die, just the load was far too heavy. There was hardly a night that I wasn't up. If I wasn't up, there weren't many nights I didn't get one or two phone calls.

Ellen: And you didn't get a day off ever.

Dr. Buxton: Yeah! Well, I did finally toward spring, get a fellow to come out and relieve me for a couple of weeks. When I got back, he said 'That's the hardest I've ever worked in my life.' But he was a good friend I'd interned with, a great guy. It was during this time that I decided the only way to practice medicine in a rural setting was to get a group of guys that could work together and share (in common). Dr. Larsen was a wonderful man, but is often is the case, when doctors are not associated in a sharing practice, one thinks that this patient is mine, this patient going to Dr. Buxton or someone else. There's always a little bit of a rift that I could see that didn't have to be. I said the only way to practice is to share and share alike, and so I started looking for people that I could do that with. My first partner was Dr. Frank Madsen, who joined me in July of 1966. I had gone to the city fathers of Roosevelt and to the church leaders in December, I told them, I says, 'I've got to find some help or I'm going to have to leave because I'll die if I stay here'. And so in January of 1966, we went in with the previous arrangement to Dr. Madsen, went to the Skyroom at the Hotel Utah, and we wine'd him and dine'd him. We impressed him. There were forty people there at that meeting. They all told him how much they needed him and how much we liked him. He came out and looked things over. It was the warmth of the community I think that made him come. We had met during my mission time because he was also a New England missionary. But we also had gone to the same medical school. He was two years behind me. At the time that I was trying to recruit him, he was in a surgical residency, which, therefore put him three years behind me in entering practice. He and his dear wife finally decided to come. He kind of reported on that decision later on when we was called to be a member of the high council in the Roosevelt Stake. He got up, and he kind of told about his decision to come to Roosevelt. He said, 'You know, I'm going to tell you before, I checked up on him and found our he was reputable doctor.' He said, My wife and I have made a matter of prayer of this thing, and he said what was interesting is we just got up from praying and

the phone rang. And he said, you know, it was none other than Terry M. (Wildhorse) **Buckskin**. That was the name that he gave me because of my interest in wild horses, chasing. My favorite hobby of all time in my life, and it stuck. I'm still T. M. (Wildhorse) **Buckskin**, to many people in Roosevelt, but I'm proud of it. But Frank joined me in July of 1966. We had an associate practice. I had taken over the office that Dr. Paul Stringham had left in Roosevelt, a little professional office that had been built. He had had his practice in until eighteen months before I came. Then it had been vacant until I did come. It was a crowded little office, but we worked at the hospital and in the office, it kind of worked out pretty good, but then we got busier and busier because we would trade call and cover each other. There was always somebody available, and somebody willing to come to the hospital. He had a classmate named Gary White, who he knew well, and they had planned to inter practice together, when they got back and out of their training. Gary, at this time, had been drafted into the Army and was serving in Alaska. We contacted him, and he said, sure he'd join us.

Ellen: Just sight unseen, he said yes?

Dr. Buxton: Yeah! Just sight unseen, he said he'd join us. Because he knew us, he knew both of us. He knew Frank well. In January of 1968, when he got out of the service, two years of service, he came to Roosevelt and joined us. That put three of us in that little office. So we decide we had to build a new office. In about this time, the L.S. Church had come to the Roosevelt Stake and said, we are going out of the hospital business. We're developing a non-profit organization called Intermountain Health Care. You are welcome to stay in the system with your hospital, or we'll give the option of going out of this system, and if you do, we would donate this to the county, if they would accept it, our old hospital. Well the city fathers and the county fathers got together, and with our input they'd decided, why not try it alone. Why don't we try it alone. Every time we wanted a little piece of equipment we had to beg the L.S. system to get it for us and they wanted all the big stuff to go to Salt Lake to keep that hospital going. So, we separated ourselves, and the county passed a bond issue to build a new hospital. For we aborted all of our attempts to find a place to build a clinic building, because the county said we'll sell you this little corner right by the new hospital, and then we'd be right next to the emergency room. We built a nice facility, really a nice clinic there, we thought for that time, and started the Roosevelt Medical Clinic. And that's what we called it. When Frank and I, Dr. Madsen and I affiliated, we affiliated as partners and found out how difficult it was for me to finish up my practice and join a partnership practice. We incorporated so we could be on a salary, and one business system. That worked. And then what we did was, new partners coming in, we would give them a decreased amount of salary and let them work to pay for their way into the program. Every other doctor that ever joined us, we did. That concept, in my mind, is what really helped to build our hospital complex and have it grow. Our affiliation got up to six physicians, all sharing the same salary, and all sharing the same work schedule. You were on call every sixth week-end. On first call, you'd cover Friday night through Sunday. And then there would be somebody on second call that he'd call out if he needed it. The other guys were off. So it gave you a little family time. It give you time to be a member of the community and member of the church and do the things you wanted. That really is what helped it to grow, plus the fact that in 1971 we experienced the oil boom come on, and with that oil boom, we reached out and got our fourth partner to join us. That was Doctor Philip Condie, who joined us right out of his internship. He was wanting to go into a residency, and we said we'll give you a residency right

here. We'll train you the way you need to be for this community, and you can work with us. He came and was a real help to us. Our fifth and sixth doctors joined us in 1976. They were family trained doctors from a family practice situation. They came, and they entered two of them at the same time. Dr. David Schupe and Dr. Craig Seal. That was a great year. That was the year we was on every sixth week-end. It met the needs of a very growing community. Then in 1977, Dr. Keith Evans joined us as a Obstetrician. His joining us as a specialist made things look a lot different, especially to the young doctors, because when he came, a lot of the people would self refer just to him for obstetrical care. Then, of course, he felt as a trained man in this area, which was natural, that his skills was better than maybe was ours. So there was a little conflict that came out, and as a result, within a year, Dr. Seal and Dr. Schupe left. Dr. Seal went back in Obstetrics and Gynecology. Dr. Schupe went to Moscow, Idaho and worked with a physician that was wanting someone to come in with, that he could turn his practice over to him in a few years. To my knowledge he is still there. Dr. Seal, interestingly, went into the Phoenix area, and with his broad background in medicine and medical training and having been Obstetrics, he became a very well recognized practitioner, and had a talk show on the radio, and a whole bunch of stuff and had a tremendous practice built up. We got down to four physicians.

Ellen: So did Dr. Evans take his turn?

Dr. Buxton: Dr. Evans went on his own and stayed in Roosevelt. He kind of went off on his own. There was a little heart burn in that situation, but we lived with it and got along okay. I should tell you about Dr. Frank Madsen. In January of 1976, Dr. Frank Madsen came to me and said, Terry, I've got a problem, and he quickly produced a stool sample he had caught. It looked like you'd taken an egg beater and beat blood into a stool sample that was loose. And I said Frank, how long have you been doing this? He said, well I've noticed some bleeding since September. What turned out was that he had cancer of the ascending colon, which is where the small intestine empties into the large colon and the stool forms, and so the blood would mix into the stool. He ended up having surgery. They didn't find any metastasis diseases at the time. He elected not to take chemotherapy, because of the problems with it. But, by June, it became evident that he did have metastasis disease in his liver and elsewhere. In December that year he died. In 1978, after Dr. Schupe and Seal had left, and Dr. Evans had separated himself off, there was only three of us left in the clinic, Dr. Condie, White, and myself. It was the next year that Dr. Condie in December, early December went to Idaho with his wife to bury her aged father that passed on. Coming out of a little town, Victor, Idaho just south of Riggs, he stopped to help a man that had slid off the road, get back on the road, he was driving a big GMC heavy van, two wheel drive. Once they got the car back on the road, he and another person or two had stopped. They had pushed it kind of back up on the highway. Phil was behind that outfit, and as he went to go onto the road, his car slid sideways, the back end went sideways. He was out on the opposite side from the driver pushing on the van, laying crossways of the road, when an oncoming car came past the lights of the car in front of him and could not see him or the lights of his car. It smashed him, ruined his legs below his knees. Dr. Condie had to leave our practice, so that left Dr. White and I alone. Dr. White and I separated our practices at that time and went into individual practices so even though we worked together we were back on lots of call again. After that we started getting more specialty people in and helping and the hospital had gone into a second phase when ???????? joined us in 1976. The hospital has continued to grow. The beautiful part of our hospital has been that we own our own. No one syphons our money off and takes it to Tennessee as happens in Ashley Valley. Or no one in Salt Lake syphons the money off

at the Richfield hospital like still happens with IHC. We have been able to grow and as a result, it is my candid opinion, that the we have as good of a thirty-three bed hospital as any hospital in the nation. It is just a super hospital. I am very proud of it. I want to make it clear that my feeling is not that that hospital resulted from me. It resulted from my being willing to share a practice with some else. Had I been a doctor back in those days that was a tyrant that said "No Sir, by heck, this is my dominion. You stay out." we would have had dyer straits in Roosevelt. I am very proud that I didn't do that, and I am very happy that everything worked out the way that it has. I hope that it will continue to grow. I'm very proud of it.

Insert from the Tape 2 Side 1(more on the hospital)

Dr. Buxton: There is one thing that I would like to talk to you about regarding the hospital in Roosevelt when I first came to town. It was a twenty-two bed hospital and as I mentioned before Dr. Larson and I were the physicians there with Dr Smith coming out (tape 2 side 1 60.7). The twenty-two beds included about a five bed pediatric ward which was a room jammed with cribs. Cribs where you can put the side up and no one can crawl out. The rest of the beds, let's see there was a four bed ward and the rest of the beds were made up of two beds except for one kind of in the back room where we had just one bed. The hospital administrator was Marion Bennion, a very dedicated man, who's heart was into meeting the needs of the community at the hospital. He was not only the administrator, he was also the lab technician, the x-ray technician, and on the janitors day off, he was the janitor. He was a dictated man. I certainly hailed the efforts that he made back in those days. There was one surgical room, there was one obstetrical room and off across the hall from the obstetrical room was a labor room that had two beds that faced the opposite direction with just enough space that you could get a wheel chair between the ends of the beds. Most of our nurses or many of our nurses who are aids have been trained from experience in what they did.

Ellen: No schooling!

Dr. Buxton: No schooling except experience. We had some RN's that were outstanding. Some that I remember were Ada Matthews who was not only an RN but a certified nurse anesthetist as well and a servant of the community like no one would ever believe. She really made the hospital well in our early days because she was so willing to do. She would come in at night, she was the chief nurse. She knew about blood transfusions, about IV's, could start IV's. There was (Tape 2 side 1 67.8) who was an old WW II nurse that nobody took any sass from. She was a good nurse and Reva Allred was one of the floor nurses and think was the head nurse at the time that I was there, other than Ada Matthews. There was maybe one or two LPN's and a lot of aids. One aid, Estelle Shaw, she was an extremely capable aid, there were times when she took charge because of her experience. We had a wonderful relationship, we all had a lot of respect for them to the physicians and a lot of concern for the people. I must say that in that hospital, as small as it was and as archaic as it was, with an x-ray department that only had a dip type of developer and a lab that only had a Bunsen burner and a few other things that we could do basic medicine with, we practiced a lot of medicine. Good medicine. My thoughts of that little hospital are very fond and full of appreciation for those that really went the extra mile. I must say this about our community too. The community has lent all the support that was necessary for the development and the programs of the hospital. There were many people in the community that rose to the occasion to

see that the hospital was built, serving on different staffs with different project they were over, relating to government agencies and so forth. The community in general really rose to the need of themselves and they knew what the need was and they were willing to get it. The bond issue passed overwhelmingly high, seems like it was over sixty-five percent in favor of the hospital. The community worked well together.

Ellen: Were you able to serve in Church callings?

Dr. Buxton: I served in a Bishopric with Ralph Ercanbrack for about two years and then he was called into a Stake Presidency. Before I was in the Bishopric I was in the Stake High Council for nine years. I went to them and told them not to be afraid to release this ol' Doc because you might offend him because there are lots of people that need similar opportunity. I wasn't asking to be released, but I just wanted them to know that I had been there along time, didn't mean that I was indispensable. After I retired from my medical practice in 2000 I knew that I had to leave the community to get retired. If I would have stayed in town, my phone would have been ringing and I loved the people and I felt they loved me a lot. I didn't want to leave them and I knew that I would make some concessions. I had stopped OB once. Then the mothers came, in fact my OB secession was that I would not accept any new first mothers, and the mothers would bring their daughters and would say we want you to deliver her, can't you just deliver her? After I had accepted two or three of them I said why try to fight it, so I went back into obstetrics. I found I didn't sleep if I had a mother coming in in labor. Finally, I just had to quit it. I felt I had to leave the area in order to retire, knowing this, the church called me to be an area medical director for the whole Pacific area. Diane and I served in New Zealand in the little town of Takapuna, which is a suburb of Auckland, New Zealand. When we got there, the other people that had that same position had mainly stayed in the office and hadn't got out much and there was no information for us to follow, I called them tracks for us to follow, I told the area presidency, 'Listen, I came over here to see what I could do to help. Ship me out there and let me know.' We went to the islands, our first trip I knew from discussing things with them that I probably better take our worst trip on the first trip because I would never get my wife back out. She was a little afraid of those islands. We were gone for one month up through a bunch of islands, a lot of them were the World War II islands where there was lots of memorabilia. We spent one month visiting islands and I would go to the division of health, the director of health, hospital people, the doctors as many of them as I could get a chance to interview, and put down this information to compile it and also pharmacies because we needed to know where pharmacies were. We did this through all of the Pacific, all the Islands, we covered Tahiti, Tonga, Samoa, Fiji, Vanuatu Islands, New Caledonia, The Marshall Islands, Gilbert Islands, Guam, which is north of the Equator, and we even got into Saipan, which is north of Guam. Of all of these islands, I developed a system where I could phone from New Zealand the prescription to every island for the missionaries, except for Saipan. How I did it was with the US medical license, except on Saipan I had to call a doctor that I had established a relationship with, then he would call it in. I could talk to all the missionaries too. I saved the Church a bundle of money. I could talk to the missionary and having been a rural physician and used to talking to people about symptoms and treating them over the phone and telling them to do this or this or come in or whatever, I was able to take care of a lot of problems and then I was able to call the pharmacy and phone in the medicine that was necessary and if medicine didn't work the missionary would call me back within a certain period of time, what was reasonable, so I could get them to someone else if they needed to be. The

finally gave me New Zealand to take care of also, two missions there. On New Zealand I figured a way to get our prescriptions to everybody without having to go through a doctor. I could talk to the missionaries and help them out. There was an L.S. physician in Takapuna and I would do is I would call the doctors and give them a prescription and tell them I would like it in the name of this doctor that I had established relationship with and tell them, "You fax this back to me in his name and I will take it to him. He will sign it and it will go back to you." This will keep the federalizes happy because he had authorized it and it worked. It works great. It was a great experience.

Ellen: So then you came home and now you are not in practice anymore.

Dr. Buxton: My phone still rings. Friends and people that want my opinion about things. I've, other than phoning in prescriptions as much as I retain my license, I don't do much. Once in a while I'll take care of someone's scraps or bruises and take care of my families needs. I want to maintain my license if I can. I am having a little trouble getting my post dated graduate education to maintain it, but I guess if they take it away from me—they take it away from me and I'll have to be like everyone else.

Ellen: You can still call another doctor and say this is my opinion and they might be willing to work with you?

Dr. Buxton: I still have lots of friends and lots of people that want my opinion about things.

Ellen: Would you be interested in talking more. I have another tape.

Dr. Buxton: Yes, I would. I have been called as a Bishop and I have that calling.

Tape 2:

Ellen: You said you'd been called to the bishopric.

Dr. Buxton: When I got back from the mission, I still had a hankering to chase wild horses. I've got to tell you a story there, because that's a injury that nearly killed my life that a lot of people know about and I'd like to record somewhere in my history about what happened. I went into the area between Hill Creek and Willow Creek, that they call Pack Mountain, Little Pack Mountain, and I was in the company of a fellow named Lee Boren, a young man that I had introduced to wild horse chasing many years ago. We just went out one day to have a little fun and see if we could find some. We parked our trailer and rode somewhere around two miles or so, maybe three. We found some horses on the Hill Creek side of this mountain down in a little draw. Well it was Lee's turn to bring me some horses he felt. So he brought me some horses. Where they were situated, I didn't know which little draw they were going to come out of, but I knew if they came out of the east draw, they could slip over and get away from me. So I hustled around to get around a little knob. I heard him yell and I knew that they'd about had time to get there, so I kind of took my horse up on the knob enough to look over to see the horses starting to come by me, and not wanting to scare them and get a little better advantage on them, I slipped back off the knob and stayed out of sight from them and came out around them and

----- I was just coming into them at a angle to get behind them, and I knew we was getting close enough I knew I was going to get a loop, and I flipped out my loop, so I could start to swing when I got into them. There was a young horse there that I wanted to throw at. The next thing I knew, Lee was waking me up. The words I remember first was "Doc, Doc, are you all right?" and I said I guess so. I said, what happened? He said, 'Well your horse fell.' And he said, 'I came up and I seen his feet going over, I didn't see you fall, but I saw his feet going over, and then as I got closer, his feet came back over the opposite way.' And what had happened was, I'd run my horse into a swell, this was in February, so there had been some wind and the swell had blown full of snow. My horse didn't know it was there and I didn't know it was there. It was probably about, oh, foot and a half to two feet deep. The horse apparently, had fallen. I fell in front of him, and he fell over me, then he flipped his feet kind of on the uphill side. He had to roll back to get his feet off from me, or to get out. He was standing there when Lee came up. Lee found me laying face down in the snow with blood on my head. My cap was off. He had waited about forty-five minutes to an hour, he said, I think it was probably less than that. Time seems long when you're wanting somebody to wake up. He says, 'I've tried my cell phone several times, and I can't get out of here. How we going' to get you out of here?' And I said, 'Well Lee, if we're tough enough to ride in, I guess we'd better be tough enough to ride out.' He says, 'Can you ride?' And I said, 'Well I think so, I said I can tell I don't have a broken leg, and I don't have a broken arm. And I said, 'I wouldn't be surprised that I don't have broken ribs. I know I've had a thump on the head, but I said I think I can ride. I said, 'You can help me get up.' I said, 'My chest hurts enough that I need some help.' So I got a hold of his vest, and he got a hold of mine, and he stood me straight up and he walked me around to where there was a little rocky rim beyond which the snow had blown into this swell. He brought my horse around and got my foot in the stirrup and finally got my leg over. It was really tough. We started to ride. We got about forty or fifty feet, and we were riding on frozen snow and the horse would go and then he'd fall through. Oh, it was really painful in my back when he'd do that so I said, "Lee, stop Lee." We had planned to ride down a draw that would take us down to the wash that we had driven up with the pickup and from there Lee would have to lope his horse back about three miles to get to the truck. I said, "Lee, there's no way I can wait when we get down there for you." I said, "Why don't you let me ride down here alone and you go get the truck, and I'll just meet you at the bottom, I said, It's a gradual draw, that I know. There's no ledges to go off of, or no steep side hills, and I said, "My old horse will take care of me." So he said, 'What do we do Doc if you pass out and fall off?' I said, 'Well, Lee, I guess we'll meet in a happy hunting ground,' But I said, 'Let's do it this way.' And he said, 'Okay,' and away he went. Well, it was quite a painful trip, and I think the thing that kept me from passing out was the pain I was in. Every time that horse would step, it would just keep me going. Before I got back, he got there with his pickup. He'd really ----- It was about a mile I had to ride. After I got in the truck, I hardly remember anything until we got back to about to Hilltop. And I said, 'Lee, I'm really thirsty.' Which is a sign of shock. And he stopped to get me a drink and a policeman pulled up behind him, because he had passed a car going up that double lane before Hilltop. It was an Indian policeman who had stopped him and wanted to see his license. He said, 'I got Doc Buxton in there, and he's really been hurt by his horse.' He said, 'I'll show you everything you want at the hospital, but I've got to get him there.' So the next thing he told me we had a police escort into Roosevelt. When we got there, well I was waking up to give orders like all old doctors do. I told him, I was okay, and all this and that.

Ellen: Like old doctors do.

Dr. Buxton: Yeah! Like old doctors do. I talked them into just putting me to bed and watching me over night because I thought I was okay. I don't remember much about the trip. I remember a few things about the hospital. But the next morning, I don't remember much of what was going on. Repeat x-ray's showed that I'd punctured a lung. I'd bled into my right lung where the puncture was, and I had bled into both lungs. That's a bad sign, when you bruise your lungs. There can be some serious problems, and they could tell I was starting to develop those so they shipped me to Salt Lake. I remember a little bit about getting on the plane, it being cold, and I think I remember landing in Salt Lake, but then I don't remember anything until I woke up in the ICU two weeks later in Salt Lake. What had happened, was they got me in there and I'd developed Adult Respiratory Distress Syndrome. A condition that not too many years ago, killed most people, because they didn't have it all worked out how to save them. But they'd put a tube in my throat, breathed for me, and had taken care of me with IV's and so forth. When I started to breathe on my own, I wouldn't wake up. It had been about three days and I wouldn't wake up. They had taken CT's of my head and they thought, 'He ought to be waking up, we can't see anything'. So then they did a MRI on my head and they found out that I'd bruised my brain. Something that didn't show up on the CT. So they understood now, that I probably had swelling in my brain, and pressure that was keeping me from waking up. So they treated me for that and I finally came around and woke up.

Ellen: Was this a surgical procedure that they had to treat you with, or was it oral medicine?

Dr. Buxton: No, just oral medicine. They had drained my lung, in Roosevelt before I left.

Ellen: Well, on the bruising of the brain?

Dr. Buxton: No, on the bruising of the brain. They didn't have to operate. It was just a bruise. It wasn't a collection of blood called a hematoma, it was just a bruise. So then, when they found out, I woke up. One of the things when I woke up, and I'd been a wake for a day or two, I noticed they kept me sedated and stuff, and I said, 'I want to go over the medicines with you.' When I went over them, I found out they were giving me a narcotic. And I said, 'What are you giving me the narcotic for?' And the doctor said, 'Well, you got broken ribs. You got about six broken ribs.' And I said, 'Yeah, but I don't have any pain.' And he said, 'Well, we'll stop the narcotics then.' I can tell you that after being on straight about every four to six hours for that long, that night I found out what a withdrawal was. My legs itched, and I couldn't sleep. They asked me about doing something else. I said, 'No, I don't want to be on that crap, just let me get out of here.' So I did, and then I gradually got better. Well, when I was home getting better, doing well, of course the community was worried about their old time doctor. One day my stake president dropped by, and he said, 'Well, Doctor Buxton, how you doing?' And I said, 'Well, I think I'm pretty good.' I was having a little depression, and I was having a little bit of dizziness, which has been a permanent thing, not real dizziness, but instability, like when I close my eyes in the shower or bend down I'd feel like I wasn't stable. He said, 'How you doing?' I said, 'I think I'm doing okay, getting along all right.' Of course you want to always minimize your symptoms. The next thing I know was called as a bishop.

Ellen: Oh, bless your heart.

Dr. Buxton: So, I was called as a bishop in August of 2002. Which would have been six months after my accident. I can literally say, it's been the greatest calling in the Church that I've ever had.

Ellen: And are you still serving there now?

Dr. Buxton: I am still serving there. I have been there nearly three and one-half years in February. The calling of a bishop is such that it makes you look at yourself and realize that only you can do for yourself what has got to be done for yourself. It helps you to have the opportunity to help others look at themselves and find the Savior in their lives to. It has been a great calling. I have had great fulfillment in my heart. We have a super ward. We run around seventy percent in sacrament meeting, I challenged them for eighty percent and they got seventy-nine percent. We have made a challenge on the home teaching, and we had 100 percent with relief society, 100 percent with the elders and ninety-eight percent with the high priest. That has been a gratifying experience. It isn't just the bishop, it's the type of people that we have in the ward. It is just a good ward. I love the people of the ward, I love the people of Roosevelt, I love the people of the Basin. I really do.

Ellen: I know there are a lot of people from Vernal that go to Roosevelt to the doctor and to the Medical Center.

Dr. Buxton: About thirty-five percent of the hospital census has the Vernal ZIP Code number. It has been good. The thing that attracted me to Roosevelt to begin with was the friendliness of the people. I had never been where I felt that the people were quite that friendly. I didn't come to Vernal, and I should note that Dr. Paul Stringham, Dr. Bruce Christen, Dr. Ray Spendlove, and Dr. There'll Sealer were here at that time. They were very congenial to me and we had a good relationship. Dr. [James] Allen came over here, we tried to keep him in Roosevelt, but he wanted to practice with Dr. Stringham. They had been good friends for years. My impression is that Dr. James Allen has one of the greatest aptitudes to being a physician of anyone I have ever known. He is capable, he knows his limitations, he is an intelligent man and he is skilled. The other doctors I don't know much about. We are happy to have all the physicians that we have. I think the Uinta Basin has been one of the greatest secrets of Utah for years and years. I really is. It is a great place to raise a family, it's a great place to live. We don't have all the storms and the smog of Salt Lake City. My friends out there say, 'Boy, it gets cold out there!' [meaning the Basin] I say, 'Yeah, it's really bad out there, don't ever think of moving out there.' I tell them, 'The winter's are pretty tough.'

Utahns and other people are finding the Uinta Basin now. We are going to lose the unique things that we have had. I would just like to make one statement about my wild horse chasing, As a child I would read books about horses, not necessarily wild horses, but I often wondered about wild horses. I often read books about mountain lions and since coming to Roosevelt one of the dreams of my life has come true that I have found a way to become involved with both of those animals. I became interested in dogs and chasing bear and mountain lions till I got so tired of trying to find my lost dogs that I couldn't stand it. Wild horse chasing was something that I always enjoyed. When you go out to chase a wild horse you can't let him smell you, hear you, see you and have any sense that you are there. You have to pursue him in

such a way, yourself or with someone else, 'till you get the breaks or you don't get the chance to rope him. It takes skill. My skill with wild horses developed that I roped yearling studs on my days off when nobody could go with me and I brought them in alone in a trailer.

Ellen: I will bet that was a circus?

Dr. Buxton: Well there is a way to do it. There is a way to do it with two guys too. You can't just pull them in the trailer. That is always a tough deal, but with the yearlings you learn to use your door. Put your horse in far enough and then you have him tied back behind and then you use the door to crowd him and he will jump in. The big horses won't do that though. So what we learned and this is a skill that I didn't learn for years. You put your rope up through the front of the trailer and one guy pulls him up to the back of the trailer and then you have been able to choke them down and put a halter on them and then you just leave them there until they quit fightin' you. Then you undo the knot, the guy that threw the lariat and around his neck and then he pulls him up in and they will always fight 'till the fall on the back of the trailer, front feet in the trailer and the back feet out of the trailer. Then another guy puts a rope around the horses tail, right up next to the horses buttocks and cinches it up and then he feeds his rope up through the opposite side of the trailer, then when you're ready, the guy with the tail rope says, 'Are you ready?' and the other guy says, 'Yeah' and you're are both in a position and the first thing that happens is that the guy with the tail rope hits that tail so hard that the ol' horse jumps right up and the other guy pulls him right up into the trailer. That was the easiest way I have ever discovered to load wild horses.

Ellen: So what did you do with these wild horses when you caught them?

Dr. Buxton: We usually brought them and broke them out. I gave them to a lot of kids.

Ellen: So you broke them out and rode them?

Dr. Buxton: We broke them out and rode them. There was some of them that got traded off, or others...

Ellen: So do you have to have a permit for this?

Dr. Buxton: We were mostly illegal. We wrote our own permits before we left and ripped them up when we came home so nobody else could use those permits you know. (laugh) But, what's interesting is that the Wild Horse Protection Act came in 1974. It was an emotional act put out by Wild Horse Mary. We got the eighth grade kids to write letters to congress. They wrote a law that had protection, but no control. The wild horses became numerous and they became a problem, so they started to put a program to bring them in. The first law was, that you could not pursue them or rope them. You weren't supposed to bother them. So when they started gathering them, they found out that there was no way you could do it with just horses and get any big groups at least you knew what you were doing, you could do it. So, they passed a law that they could use motorized vehicles to entrap them. Then they couldn't sell them. So they put them in big pens. Their feet grew out so they? It cost them millions of dollars to feed these horses. You know, we'd go out there and we'd take those horses off for free. As it turned

out the Government will spend hundreds of dollars to take them off and hundreds of dollars to feed them. Then they came up with the adoption program which failed because, you bring a wild animal into somebody that doesn't know what they're doing. The next thing you know they don't want anything to do with it, at least with most of them. So, I guess I've regret, being a little bit illegal, but I'd still like to chase one.

Ellen: Did you do this ever since you came to the Basin? Did you chase wild horses?

Dr. Buxton: Shortly after I came to the Basin we started. One of the old wild horse chasers from the head of the Bitter Creek named Allen Brewer and his boy's taught me.

Ellen: His son Lynn lives by me.

Dr. Buxton: Does he? Lynn never went for it like his brother did. Allen knew most all the tricks. There was a few tricks we learned that he didn't teach us, but he knew the tricks. He taught me how to tame a wild horse. You tie him up, then you take some water to him and some grain, feed them. And after they pull on their halter a little bit, you untie them and just turn them around in a circle going both ways. Before long they'll follow you because they don't want you to pull on them. Pretty soon they follow you as you go straight. You can break a wild horse easy in about a half -hour. He taught me how to take the kick out of them. You put a rope around there neck, bowline knot, then you take the long end of that rope, put it back by their feet and let them step over it with one foot, then you just lift it up and down between their legs until they quit kicking. Then you slip it back around them and come back up through the loop around their neck. You have to come up through to make a half-hitch so that when you pull the leg up you can hold it. You can hold the leg up and they'll kick a little more and then finally you get so you can hold their (?) rope with one hand and flip another loop around there, then you put it back around and put a half-hitch on his foot and tie it. You take a sack, and you just sack him out. He can't kick you. You rub him all over and after you do this a while he lets you pick up his feet. He'll let you saddle him and all that stuff. They make the best little pack horses or kid ponies you can ever get. They're very good little ponies. Once in a while you find a maverick that's pretty wild, but he usually ended up in bucking string or something. They're smart little horses. And pack horses, there's not a better pack horse than a wild horse. You can turn them loose. And after you've had them with your horses, you can turn them loose in the mountains and they'll follow you over a ledge practically. They always have there feet under them. They're just really nifty. They're just wonderful little animals. I've had more fun breaking wild horses after I roped them, than practically anything.

Ellen: Well you're lucky you didn't end up with any broken bones or anything in your..

Dr. Buxton: Well, I've had a lot of broken bones. I've had this wrist broke twice. It had to be pinned. It was off of horses. I've had thirty-six broken ribs, in my day. I had eight at one wack when I broke a wild horse, turned him loose and the next spring I couldn't get to him until June and he was fat and sassy. I thought he was all right. I got him in the corral and going around and finally kicked him to make him go, it just kicked in his bucking year and I went off the back end of him and landed on my back and broke a whole bunch. Then he was over me and he

kicked me on the head twice. The lights went out and they came back on and they went out and I rolled over and got out from under him.

Ellen: Was someone there to watch you?

Dr. Buxton: My wife saw me. She wondered, because I was doing something funny out there. She came out to ask if I was all right. I was of course walking back kind of holding myself. She said, 'You okay?' And I said, 'Yeah, I'm all right.' She got a little closer and she said, 'Are you sure you're all right?' And I said, 'Yeah, I think I'm okay.' She got a little closer and I was as white as a sheet she said. She said, 'You're not all right.' But I've had a wonderful life.

Ellen: This has been a wonderful time listening to you. Do you have anything else you'd like to put into your story.

Dr. Buxton: Did I say how much I love the people of the Basin?

Ellen: Yes you did, and we appreciate that.

Dr. Buxton: I guess the last thing that I would say is my desire for all doctors to show more patience and love to the people. I think that's one of the best medicines of all is love. No question about it. Love and respect.

Ellen: Thank you Dr. Buxton, we so appreciate it.

Dr. Buxton: There is one thing that I would like to talk to you about regarding the hospital in Roosevelt when I first came to town. It was a twenty-two bed hospital and as I mentioned before Dr. Larson and I were the physicians there with Dr Smith coming out (tape 2 side 1 60.7). The twenty-two beds included about a five-bed pediatric ward which was a room jammed with cribs. Cribs where you can put the side up and no one can crawl out. The rest of the beds, let's see there was a four bed ward and the rest of the beds were made up of two beds except for one kind of in the back room where we had just one bed. The hospital administrator was Marion Bennion, a very dedicated man, who's heart was into meeting the needs of the community at the hospital. He was not only the administrator, he was also the lab technician, the x-ray technician, and on the janitors day off he was the janitor. He was a dictated man. I certainly hailed the efforts that he made back in those days. There was one surgical room, there was one obstetrical room and off across the hall from the obstetrical room was a labor room that had two beds that faced the opposite direction with just enough space that you could get a wheel chair between the ends of the beds. Most of our nurses or many of our nurses who are aids have been trained from experience in what they did.

Ellen: No schooling!

Dr. Buxton: No schooling except experience. We had some RN's that were outstanding. Some that I remember were Ada Matthews who was not only an RN but a certified nurse anesthetist as well and a servant of the community like no one would ever believe. She really made the hospital well in our early days because she was so willing to do. She would come in at night, she was the

chief nurse. She knew about blood transfusions, about IV's, could start IV's. There was (Tape 2 side 1 67.8) who was an old WW II nurse that nobody took any sass from. She was a good nurse and Reva Allred was one of the floor nurses and think was the head nurse at the time that I was there, other than Ada Matthews. There was maybe one or two LPN's and a lot of aids. One aid, Estelle Shaw, she was an extremely capable Aid, there were times when she took charge because of her experience. We had a wonderful relationship, we all had a lot of respect for them to the physicians and a lot of concern for the people. I must say that in that hospital, as small as it was and as archaic as it was, with an X-ray department that only had a dip type of developer and a lab that only had a Bunsen burner and a few other things that we could do basic medicine with, we practiced a lot of medicine. Good medicine. My thoughts of that little hospital are very fond and full of appreciation for those that really went the extra mile. I must say this about our community too. The community has lent all the support that was necessary for the development and the programs of the hospital. There were many people in the community that rose to the occasion to see that the hospital was built, serving on different staffs with different project they were over, relating to government agencies and so forth. The community in general really rose to the need of themselves and they knew what the need was and they were willing to get it. The bond issue passed overwhelmingly high, seems like it was over sixty-five percent in favor of the hospital. The community worked well together.